REQUEST FOR A QUOTATION

REGISTRATION NO:

CLOSING DATE FOR QUOTATION:

CONTACT PERSON KAROLINSKA INSTITUTET

Contact person	Dep./unit/section
Telephone	E-mail

Description of the product/services needed:

Describe the product/services as detailed as possible.		
Prefered delivery date	Delivery address	
Payment terms (30 days net)	Delivery terms (DDP/ALOS 05)	Quote valid until (date)
Comments		

SPECIFICATION OF THE PRODUCT/SERVICE

Describe the requirements and specifications of the product/services that you want to purchase, and how the fulfillment of the requirements are to be proved by the supplier.

The following information is mandatory to ask the supplier for:

- *The commercial terms to be used*

When needed, request a copy of a liability insurance from the suppliers.

THE QUOTATION

Describe how you would like to get the quotation, by e-mail (recommended) or otherwise.

AWARD CRITERIA

Describe the award criteria: Price, quality, delivery time.

APPENDICES

Describe if you enclose any appendix.

SIGNATURE

Signature of an authorized purchaser	Name in block letters